


<b>Form 990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009</b>				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> UNITE HERE		<b>D Employer identification number</b> 13-3819434
		Doing Business As		<b>E Telephone number</b> (212) 265-7000
		Number and street (or P O box if mail is not delivered to street address) 275 Seventh Avenue	Room/suite	<b>G Gross receipts \$ 114,729,260</b>
		City or town, state or country, and ZIP + 4 New York, NY 100016708		
		<b>F Name and address of principal officer</b> JOHN W WILHELM 275 Seventh Avenue New York, NY 100016708		
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 5 ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
<b>J Website:</b> www.unitehere.org		<b>H(c) Group exemption number</b>		
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L Year of formation</b> 2004	<b>M State of legal domicile</b>

## Part I Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities <u>THE ORGANIZATION'S MISSION IS TO PROTECT THE RIGHTS OF WORKING PEOPLE</u>	
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	<b>2</b>	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b> <u>7</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b> <u>1</u>
	<b>5</b>	Total number of employees (Part V, line 2a) . . . . .	<b>5</b> <u>54</u>
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b> <u></u>
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b> <u>4,176,47</u>
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b> <u>2,142,26</u>

Revenue		Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	71,354,482	181,286
	9	Program service revenue (Part VIII, line 2g)	4,074,105	50,914,324
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,389,616	708,503
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,099,985	37,613,680
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	107,918,188	89,417,793
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,773,408	1,349,774
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1,416,480	355,315
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	49,387,974	38,152,906
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangle^0$		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	80,103,351	70,611,040
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	132,681,213	110,469,035
	19	Revenue less expenses Subtract line 18 from line 12	-24,763,025	-21,051,242
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	249,339,201	242,579,404
	21	Total liabilities (Part X, line 26)	84,355,806	98,647,251
	22	Net assets or fund balances Subtract line 21 from line 20	164,983,395	143,932,153

<b>Part II</b>	<b>Signature Block</b>
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<div> <div>Sign Here</div> </div>	<div> <div>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge</div> </div>	
	<div> <div></div> </div>	<div> <div>2010-11-15</div> </div>
	<div> <div>Signature of officer</div> </div>	<div> <div>Date</div> </div>
	<div> <div> <div>SHERRI CHIESA SECRETARY TREASURER</div> <div>Type or print name and title</div> </div> </div>	

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	CALIBRE CPA GROUP PLLC 1850 K STREET NW WASHINGTON, DC 20006		EIN
				Phone no (202) 331-9880

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

THE ORGANIZATION IS A LABOR UNION THE UNION'S MISSION IS TO PROTECT THE RIGHTS OF WORKING PEOPLE

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

checked

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

checked

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

COLLECTIVE BARGAINING - NEGOTIATED NEW CONTRACTS TO PROTECT MEMBERS' WAGES, SECURITY AND RIGHTS

4b

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

PROVIDING SERVICES TO MEMBERS - MEDIATED DISPUTES, GRIEVANCES, ETC BETWEEN MEMBERS AND EMPLOYERS IN ORDER TO ENSURE THAT MEMBERS' RIGHTS WERE PROTECTED

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

ORGANINZING - ORGANIZED NEW SHOPS TO PROTECT NEW WORKERS' WAGES, SECURITY, AND RIGHTS

4d

Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )


















4e

Total program service expenses

\$

Part IV

Checklist of Required Schedules

		Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	1	No				
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	Yes				
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	4					
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 	5	No				
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No				
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No				
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. . . . . 	11	Yes				
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.						
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.						
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No				
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <table><tr><td>Yes</td><td>No</td></tr><tr><td> 12A</td><td>Yes</td></tr></table>	Yes	No	 12A	Yes		
Yes	No						
 12A	Yes						
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . . . . . 						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No				
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	Yes				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . . 	14b	Yes				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II . . . . . 	15	No				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III . . . . . 	16	No				
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	18	No				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	19	No				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	20	No				

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	132	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	540	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			4a	Yes
b If "Yes," enter the name of the foreign country: CA See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders . . . . .			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	73	
b	Enter the number of voting members that are independent . . .	1b	16	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5	Yes	
6	Does the organization have members or stockholders? . . . . .	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a		No
b	Other officers or key employees of the organization . . . . .	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ SHERRI CHIESA 275 SEVENTH AVENUE NEW YORK, NY 10001 (212) 265-7000

## **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

[illegible]

<b>1b</b>	<b>Total</b> . . . . .	4,391,954	352,300	1,046,824
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**2**

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶19

		<b>Yes</b>	<b>No</b>
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	Yes
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

Section B. Independent Contractors

**1**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
STERN & KILCULLEN LLC 75 LIVINGSTON AVE ROSELA, NJ 07068	LEGAL	2,220,351
PRINCIPAL BUILDING SERVICES 275 SEVENTH AVE NEW YORK, NY 10001	CLEANING & MAINT	1,259,943
HOYLE FICKLER HERSCHEL & MATHES LLP 1 SOUTH BROAD STREET PHILADELPHIA, PA 19107	LEGAL	855,823
ADVANCED DISCOVERY SERVICES PO BOX 415018 KANSAS CITY, MO 64141	LEGAL	549,036
PITTA & GIBLIN LLP 120 BROADWAY NEW YORK, NY 10271	LEGAL	515,965

**2**

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶16



Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a		181,286		
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . .	1d	181,286			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f . . . . .					
Program Service Revenue			Business Code				
	2a	membership dues	900,099	49,300,248	49,300,248		
	b	BUDGET ASSESSMENTS	900,099	1,578,943	1,578,943		
	c	SALE OF UNION PROMOTIO	900,099	30,824	30,824		
	d	SALE OF UNION LABELS	900,099	4,309	4,309		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .			50,914,324		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		754,234			754,234
	4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties . . . . .		559,953			559,953
	6a	(i) Real		17,274,067		4,176,479	13,097,588
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)		17,274,067			
	d	Net rental income or (loss) . . . . .			17,274,067		
	7a	(i) Securities		25,265,736			
		(ii) Other					
	b	Less cost or other basis and sales expenses		25,311,467			
	c	Gain or (loss)		-45,731			
	d	Net gain or (loss) . . . . .			-45,731		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .					
		a					
b	Less direct expenses . . . . .		b				
c	Net income or (loss) from fundraising events . . .						
9a	Gross income from gaming activities See Part IV, line 19 . . . . .						
	a						
b	Less direct expenses . . . . .		b				
c	Net income or (loss) from gaming activities . . .						
10a	Gross sales of inventory, less returns and allowances . . . . .						
	a						
b	Less cost of goods sold . . . . .		b				
c	Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue		Business Code					
11a	UNREALIZED GAIN ON INV		900,099	14,954,665			14,954,665
b	CHANGE IN POST RETIREM		900,099	4,824,995	4,824,995		
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .			19,779,660			
12	Total revenue. See Instructions . . . . .			89,417,793	55,739,319	4,176,479	29,320,709

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,349,774			
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members	355,315			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	4,391,954			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	20,458,432			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	4,673,968			
9	Other employee benefits . . . . .	6,704,980			
10	Payroll taxes . . . . .	1,923,572			
11	Fees for services (non-employees)				
a	Management . . . . .	159,510			
b	Legal . . . . .	8,466,226			
c	Accounting . . . . .	405,673			
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .	29,261			
g	Other . . . . .	2,553,993			
12	Advertising and promotion . . . . .	706,143			
13	Office expenses . . . . .	1,668,441			
14	Information technology . . . . .	751,636			
15	Royalties . . . . .				
16	Occupancy . . . . .	7,914,893			
17	Travel . . . . .	10,529,121			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	1,156,917			
20	Interest . . . . .	354,458			
21	Payments to affiliates . . . . .	15,813,502			
22	Depreciation, depletion, and amortization . . . . .	3,630,415			
23	Insurance . . . . .	1,170,886			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	BAD DEBT EXPENSE	6,939,457			
b	PAYMENTS TO DISAFFILIAT	4,987,865			
c	UBIT TAXES	1,000,638			
d	POST RETIREMENT LIABILI	974,173			
e	PUBLIC REVIEW BOARD	665,000			
f	All other expenses	732,832			
25	Total functional expenses. Add lines 1 through 24f	110,469,035			
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			6,928,790	1	5,245,307
	2	Savings and temporary cash investments . . . . .			11,967,818	2	13,868,523
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			8,767,187	4	4,820,280
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			8,291,180	7	5,297,964
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			5,389,306	9	5,064,583
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	67,512,131			
	b	Less accumulated depreciation . . . . .	10b	50,157,500	19,099,323	10c	17,354,631
	11	Investments—publicly traded securities . . . . .			23,920,811	11	16,306,963
	12	Investments—other securities See Part IV, line 11 . . . . .			136,855,398	12	147,395,555
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			28,119,388	15	27,225,598
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			249,339,201	16	242,579,404
Liabilities	17	Accounts payable and accrued expenses . . . . .			15,536,569	17	19,434,769
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			294,166	19	654,702
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			25,800,000	23	32,800,000
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities Complete Part X of Schedule D . . . . .			42,725,071	25	45,757,780
	26	Total liabilities. Add lines 17 through 25 . . . . .			84,355,806	26	98,647,251
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .				27	
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .			10,000	30	10,000
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .			0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .			164,973,395	32	143,922,153
	33	Total net assets or fund balances . . . . .			164,983,395	33	143,932,153
	34	Total liabilities and net assets/fund balances . . . . .			249,339,201	34	242,579,404

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .	Yes	
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

Additional Data

Software ID:  
Software Version:  
EIN: 13-3819434  
Name: UNITE HERE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John W Wilhelm PRESIDENT	40 00			X				268,757	2,200	52,344
SHERRI CHIESA SECRETARY TREASURER - IU	40 00	X		X				204,890	0	39,118
PETER WARD RECORDING SECRETARY	40 00	X		X				53,554	14,100	8,023
DONALD TAYLOR GENERAL VICE PRESIDENT	40 00			X				153,859	0	25,478
THO THI DO GENERAL VICE PRESIDENT	40 00			X				75,786	0	16,331
GEOconda Arguello-Kline Executive Vice President	1 00			X				0	0	0
JOHN BOARDMAN Executive Vice President	40 00			X				45,521	0	7,536
MIKE CASEY Executive Vice President	1 00			X				0	0	0
PAUL Clifford Executive Vice President	40 00			X				105,669	0	14,773
PHILIP DAUGHERTY Executive Vice President	40 00			X				103,750	0	29,890
JAMES DUPont Executive Vice President	40 00	X		X				86,733	0	28,257
ERIC GILL Executive Vice President	1 00			X				0	0	0
JANICE LOUX Executive Vice President	40 00			X				45,279	16,500	7,045
C Robert McDevitt Executive Vice President	1 00			X				0	0	0
WARREN Pepicelli Executive Vice President	1 00			X				0	0	0
HENRY TAMARIN Executive Vice President	40 00			X				149,430	0	37,800
TOM WALSH Executive Vice President	40 00			X				81,615	0	26,123
NICK Worhaug Executive Vice President	40 00	X		X				153,312	0	21,113
JO MARIE AGRIESTI INTERNATIONAL VICE PRESIDENT	40 00			X				87,758	0	19,342
WILLIAM BIGGERSTAFF INTERNATIONAL VICE PRESIDENT	1 00			X				0	0	0
BRIDGETTE BROWNING INTERNATIONAL VICE PRESIDENT	40 00			X				60,421	0	22,898
DONNA DECAPRIO INTERNATIONAL VICE PRESIDENT	1 00			X				0	0	0
MARIA ELENA DURAZO INTERNATIONAL VICE PRESIDENT	40 00			X				144,724	0	24,605
JEF Eatchel INTERNATIONAL VICE PRESIDENT	40 00			X				100,375	0	28,206
ENrique Fernandez INTERNATIONAL VICE PRESIDENT	40 00			X				35,155	0	5,277

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SAM GIURLEO INTERNATIONAL VICE PRESIDENT	1 00			X				0	0	0
NANCY GOLDMAN INTERNATIONAL VICE PRESIDENT	1 00			X				0	0	0
WILLIE GONZALEZ INTERNATIONAL VICE PRESIDENT	40 00			X				58,909	0	22,712
HENRY GREEN INTERNATIONAL VICE PRESIDENT	1 00			X				0	0	0
KAREN GRELLA INTERNATIONAL VICE PRESIDENT	1 00			X				0	0	0
JOHN GRIBBON INTERNATIONAL VICE PRESIDENT	40 00			X				102,814	0	23,230
WARREN Heyman INTERNATIONAL VICE PRESIDENT	40 00	X		X				67,594	0	24,893
KEVIN Kline INTERNATIONAL VICE PRESIDENT	40 00	X		X				95,423	0	14,312
KARL Lechow INTERNATIONAL VICE PRESIDENT	40 00			X				125,237	0	26,624
Tim Luebbert INTERNATIONAL VICE PRESIDENT	40 00			X				32,002	0	19,718
JOSE MALDONADO INTERNATIONAL VICE PRESIDENT	1 00			X				0	0	0
SUSAN MINATO INTERNATIONAL VICE PRESIDENT	40 00			X				81,051	0	25,957
LEO nard O'Neill INTERNATIONAL VICE PRESIDENT	1 00			X				0	0	0
STEp hen Papageorge INTERNATIONAL VICE PRESIDENT	1 00			X				0	0	0
ROBERT Proto INTERNATIONAL VICE PRESIDENT	40 00			X				12,548	0	1,750
RICHARD Rumelt INTERNATIONAL VICE PRESIDENT	1 00			X				0	18,000	0
RICHARD Sawyer INTERNATIONAL VICE PRESIDENT	40 00			X				69,876	0	24,488
JENNifer Skurnik INTERNATIONAL VICE PRESIDENT	40 00			X				80,399	0	12,376
THOMAS SNYDER INTERNATIONAL VICE PRESIDENT	40 00			X				124,138	0	32,368
LEe Strieb INTERNATIONAL VICE PRESIDENT	40 00			X				89,452	0	28,916
MATTHEW Walker INTERNATIONAL VICE PRESIDENT	40 00			X				149,810	1,200	37,800
CAROL CARLSON Vice President	40 00			X				91,539	0	27,969
BILL GRANFIELD Vice President	40 00			X				96,174	0	28,246
ROXIE HERBEKIAN Vice President	40 00			X				72,547	0	24,952
KENNETH PAULSEN Vice President	40 00			X				151,297	0	34,693

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRUCE RAYNOR GENERAL PRESIDENT	40 00			X				111,001	43,000	22,573
NOEL BEASLEY Executive Vice President	1 00			X				0	24,000	0
ALEX DAGG Executive Vice President	40 00			X				46,974	0	6,496
MARK FLEISCHMAN Executive Vice President	40 00			X				86,478	34,000	19,161
EDGAR ROMNEY Executive Vice President	40 00			X				29,723	24,000	6,429
LENA ARISTEO Vice President	40 00			X				29,920	0	4,030
ERNEST BENNETT Vice President	40 00			X				139,133	0	33,571
HAROLD BOCK Vice President	40 00			X				14,366	14,500	2,282
GARY BONADONNA Vice President	1 00			X				0	17,500	0
CLAYOLA BROWN Vice President	40 00			X				21,404	16,300	6,743
MAY CHEN Vice President	1 00			X				0	8,500	0
LYNNE FOX Vice President	1 00			X				0	16,500	0
JOHN GILLIS Vice President	1 00			X				0	18,000	0
JEAN HERVEY Vice President	40 00			X				17,170	0	10,013
CHRISTINE KERBER Vice President	1 00			X				0	23,500	0
WILFREDO LARENCUENT VICE President	1 00			X				0	18,000	0
DAVID MELMAN Vice President	40 00			X				16,412	25,000	2,282
GAIL MEYER Vice President	40 00			X				13,294	0	2,064
HARRIS RAYNOR Vice President	40 00			X				28,431	0	7,783
JERONA RYKUNYK Vice President	1 00			X				0	0	0
LYNN TALBOTT Vice President	1 00			X				0	0	0
WILLIAM TOWNE Vice President	1 00			X				0	17,500	0
CRISTINA VAZQUEZ Vice President	40 00			X				18,835	0	2,609
CHRISTOPHER CHAFE SPECIAL ASSISTANT	40 00					X		142,968	0	33,735
WILLIAM LEWIS DEPARTMENT DIRECTOR	40 00					X		112,263	0	31,498

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARITA KATALBAS DIRECTOR OF FINANCE	40 00					X		106,184	0	30,392



Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBT EXPENSE	6,939,457			
PAYMENTS TO DISAFFILIAT	4,987,865			
UBIT TAXES	1,000,638			
POST RETIREMENT LIABILI	974,173			
PUBLIC REVIEW BOARD	665,000			

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization UNITE HERE	Employer identification number 13-3819434
----------------------------------------	----------------------------------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$ 30,000
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ 30,000
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
UNITE HERE STATE AND LOCAL	275 7TH AVENUE NEW YORK, NY 10001	65-1264689	30,000	

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?			
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	c Media advertisements?			
	d Mailings to members, legislators, or the public?			
	e Publications, or published or broadcast statements?			
	f Grants to other organizations for lobbying purposes?			
	g Direct contact with legislators, their staffs, government officials, or a legislative body?			
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	i Other activities? If "Yes," describe in Part IV			
	j Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1 Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2 Yes	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	No

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
UNITE HERE

Employer identification number  
13-3819434

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)  
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii)

Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations . . . . .

3a(i)

☐ Yes

☐ No

(ii)

related organizations . . . . .

3a(ii)

☐ Yes

☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

3b

☐ Yes

☐ No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		456,000		456,000
b Buildings . . . . .		2,044,000	2,044,000	0
c Leasehold improvements . . . . .				0
d Equipment . . . . .		12,586,940	11,346,925	1,240,015
e Other . . . . .		52,425,191	36,766,575	15,658,616
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				17,354,631

Part VII

Investments—Other Securities.

See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other AMALGAMATED BANK STOCK	114,078,669	F
AREMCO	32,955,198	C
ULLICO CORPORATE STOCK	242,771	C
UNION CO-OP PUBLISHING COMPANY	200	C
AMERIN	100,000	C
UNION LABOR LIFE	18,717	C
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	147,395,555	

Part VIII

Investments—Program Related.

See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		

Part IX

Other Assets.

See Form 990, Part X, line 15.

(a) Description	(b) Book value
INTEREST AND DIVIDENDS RECEIVABLE	101,474
RENT SECURITY DEPOSITS	429,948
VOUCHERS ON HAND	8,082
INVESTMENTS HELD IN ESCROW	26,544,811
REVOLVING FUNDS	141,283
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	27,225,598

Part X

Other Liabilities.

See Form 990, Part X, line 25.

1	(a) Description of Liability	(b) Amount
	Federal Income Taxes	
	COLLECTIONS PAYABLE	346,858
	ACCRUED POST RETIREMENT LIABILITY	16,954,993
	CONTINGENT LIABILITY	26,508,967
	PAYROLL TAXES PAYABLE	61,855
	SALES TAX PAYABLE	6,791
	COLLECTED WAGES	9,889
	DAMAGES CONTRACT VIOLATIONS	1,935
	RENT SECURITIES	737,736
	COLLECTIONS TIP	1,128,756
	Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	45,757,780

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	89,417,793
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	110,469,035
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-21,051,242
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-21,051,242

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 13-3819434

Name: UNITE HERE

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Amount
	COLLECTIONS PAYABLE	346,858
	ACCRUED POST RETIREMENT LIABILITY	16,954,993
	CONTINGENT LIABILITY	26,508,967
	PAYROLL TAXES PAYABLE	61,855
	SALES TAX PAYABLE	6,791
	COLLECTED WAGES	9,889
	DAMAGES CONTRACT VIOLATIONS	1,935
	RENT SECURITIES	737,736
	COLLECTIONS TIP	1,128,756



[illegible]**Schedule F (Form 990) 2009**

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Complete this part to provide the information required in Part I, line 2, and any additional information.

**Schedule F (Form 990) 2009**

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

DLN: 93493319058810

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
UNITE HERE

Employer identification number  
13-3819434

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

Yes

No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NUHW5801 CHRISTIE AVE SUITE 525 EMERYVILLE,CA 94608	264158546	501(C)(5)	700,000				GENERAL SUPPORT
AMERICAN RIGHTS AT WORK1100 17TH STREET SUITE 950 WASHINGTON,DC 20036	450518844	501(C)(4)	500,000				GENERAL SUPPORT
CONNECTICUT CENTER FOR A NEW ECONOMY425 COLLEGE STREET NEW HAVEN,CT 06511	061582994	501(C)(3)	40,000				GENERAL SUPPORT
BROOKINGS INSTITUTE 1775 MASSACHUSETTS AVE NW WASHINGTON,DC 20036	530196577	501(C)(3)	25,000				GENERAL SUPPORT
HIP HOP CAUCUS INSTITUTION1112 16TH STREET NW SUITE 110 WASHINGTON,DC 20036	364573419	501(C)(3)	25,000				GENERAL SUPPORT
AMERICAN FRIENDS OF YITZHAK RABIN CENTER 866 SECOND AVENUE NEW YORK,NY 10017	133962392	501(C)(4)	20,000				GENERAL SUPPORTGENERAL SUPPORT
LOS ANGELES FOR A NEW RECOVERY464 LUCAS STREET SUITE 202 LOS ANGELES,CA 90017	944459427	501(C)(3)	10,000				GENERAL SUPPORT
CONGRESSIONAL HISPANIC CAUCUS911 2ND STREET NE WASHINGTON,DC 20002	521114225	501(C)(3)	7,500				GENERAL SUPPORT
STRENGTHING OUR LIVES 9406 TELEGRAPH ROAD DOWNEY,CA 90240	203580833	501(C)(4)	5,000				GENERAL SUPPORT

2

Enter total number of section 501(c)(3) and government organizations . . . . .

5

3

Enter total number of other organizations . . . . .

4

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

[illegible]

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
UNITE HERE

Employer identification number  
  
13-3819434

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	
b	Any related organization?	5b	
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	
b	Any related organization?	6b	
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	



Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
John W Wilhelm	(i)	249,324	0	19,433	0	52,344	321,101	0
	(ii)	2,200	0	0	0	0	2,200	0
SHERRI CHIESA	(i)	201,525	0	3,365	0	39,118	244,008	0
	(ii)	0	0	0	0	0	0	0
DONALD TAYLOR	(i)	152,595	0	1,264	0	25,478	179,337	0
	(ii)	0	0	0	0	0	0	0
HENRY TAMARIN	(i)	142,526	0	6,904	0	37,800	187,230	0
	(ii)	0	0	0	0	0	0	0
NICK Worhaug	(i)	150,809	0	2,503	0	21,113	174,425	0
	(ii)	0	0	0	0	0	0	0
MARIA ELENA DURAZO	(i)	142,526	0	2,198	0	24,605	169,329	0
	(ii)	0	0	0	0	0	0	0
KARL Lechow	(i)	121,593	0	3,644	0	26,624	151,861	0
	(ii)	0	0	0	0	0	0	0
THOMAS SNYDER	(i)	122,500	0	1,638	0	32,368	156,506	0
	(ii)	0	0	0	0	0	0	0
MATTHEW Walker	(i)	149,043	0	767	0	37,800	187,610	0
	(ii)	1,200	0	0	0	0	1,200	0
KENNETH PAULSEN	(i)	149,279	0	2,018	0	34,693	185,990	0
	(ii)	0	0	0	0	0	0	0
BRUCE RAYNOR	(i)	108,553	0	2,448	0	22,573	133,574	0
	(ii)	43,000	0	0	0	0	43,000	0
ERNEST BENNETT	(i)	135,747	0	3,386	0	33,571	172,704	0
	(ii)	0	0	0	0	0	0	0
CHRISTOPHER CHAFE	(i)	142,500	0	468	0	33,735	176,703	0
	(ii)	0	0	0	0	0	0	0

Part III

Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
UNITE HERE

Employer identification number  
13-3819434

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		FORMER GENERAL PRESIDENT BRUCE RAYNOR AND FORMER VICE PRESIDENT HARRIS RAYNOR ARE BROTHERS EXECUTIVE VICE PRESIDENT GEOCONDA ARGUELLO KLINE AND INTERNATIONAL VICE PRESIDENT KEVIN KLINE ARE HUSBAND AND WIFE
Form 990, Part VI, Section A, line 4		IN JUNE 2009 THE REPORTING ORGANIZATION HELD A CONVENTION WHERE THE CONSTITUTION WAS AMENDED BY A VOTE OF ITS MEMBERSHIP
Form 990, Part VI, Section A, line 5		Former officers of UNITE HERE have been accused of diverting large amounts of the Union's assets to a new organization they formed The civil litigation over these issues has been settled and some but not all of the allegedly diverted assets have been returned to UNITE HERE The UNITE HERE Public Review Board, an independent watchdog agency established by the Union's Constitution, has referred some of these allegations to the United States government for investigation
Form 990, Part VI, Section A, line 6		THE ORGANIZATION DOES NOT HAVE STOCKHOLDERS IT HAS MEMBERS
Form 990, Part VI, Section A, line 7a		UNLIKE MOST NON-PROFIT CORPORATIONS, UNIONS ARE DEMOCRATIC ORGANIZATIONS WITH A VOTING CONSTITUENCY TO HOLD THEM ACCOUNTABLE THEIR MEMBERS THE RIGHT TO PARTICIPATE AND VOTE IN UNION AFFAIRS IS GUARANTEED 29 U S C SEC 411 UNION OFFICERS ARE SUBJECT TO PERIODIC ELECTIONS IN WHICH ALL MEMBERS HAVE AN EQUAL RIGHT TO NOMINATE, RUN FOR OFFICE AND VOTE NO ASSETS OF THE UNION OR OF ANY EMPLOYER MAY BE USED IN FURTHERANCE OF ANY CANDIDACY 29 U S C SEC 481
Form 990, Part VI, Section A, line 7b		UNITE HERE HAS AN ELABORATE ETHICAL PRACTICES CODE IN ARTICLE 23 OF ITS CONSTITUTION THE ETHICAL PRACTICES CODE IS ENFORCED BY AN INDEPENDENT PUBLIC REVIEW BOARD WHOSE MEMBERS ARE APPOINTED WITH CONCURRENCE OF THE UNITED STATES GOVERNMENT THE PUBLIC REVIEW BOARD HAS THE POWER TO MAKE FINAL AND BINDING DECISIONS, INCLUDING THE POWER TO REMOVE, SUSPEND, EXPEL, FINE OR FORFEIT THE BENEFITS OF ANY OFFICER OR EMPLOYEE OF UNITE HERE OR ITS AFFILIATES WHO VIOLATE THE ETHICAL PRACTICES CODE ANY OFFICER, EMPLOYEE OR MEMBER OF UNITE HERE MAY FILE A COMPLAINT WITH THE PUBLIC REVIEW BOARD THIS RIGHT AND HOW TO EXERCISE IT IS PUBLISHED IN THE UNION'S ANNUAL JOURNAL THE UNITE HERE CONSTITUTION ALSO HAS A SYSTEM FOR MEMBERS TO CHARGE OFFICERS WITH VIOLATIONS OF THE CONSTITUTION OR ACTUAL ATTEMPTED MISAPPROPRIATION, FRAUD OR FINANCIAL MALPRACTICE INVOLVING ASSETS OF UNITE HERE OR ANY OF ITS AFFLIATES OR ANY EMPLOYEE BENEFIT PLAN SUCH CHARGES ARE HEARD BY AN INTERNAL TRIAL BOARD, SUBJECT TO THOROUGH PROTECTIONS OF DUE PROCESS, WHICH HAS POWERS TO DISCIPLINE OFFENDERS
Form 990, Part VI, Section B, line 11		THE FORM WAS PREPARED BY THE INTERNATIONAL UNION'S ACCOUNTING/FINANCE DEPARTMENT IT IS THEN REVIEWED BY THE INTERNATIONAL UNION'S CHIEF AUDITOR IT IS THEN SENT TO THE OFFICER TO REVIEW AND SIGN
Form 990, Part VI, Section B, line 12c		SECTION 302 OF THE LABOR MANAGEMENT RELATIONS ACT, 1947, 29 U S C SEC 186 PROHIBITS A LABOR ORGANIZATION, ITS OFFICERS OR AGENTS FROM RECEIVING ANYTHING OF VALUE FROM AN EMPLOYER WHOSE EMPLOYEES THE UNION EITHER REPRESENTS OR MIGHT SEEK TO REPRESENT THE NATIONAL LABOR RELATIONS BOARD ALSO HAS RULES AGAINST UNION CONFLICTS OF INTEREST, SUCH AS UNION OWNERSHIP OF BUSINESSES THAT MAY COMPETE WITH EMPLOYERS WHOSE EMPLOYEES THE UNION REPRESENTS BAUSCH & LOMB OPTAL CO , 108 NLRB 1555 (1954)

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE UNION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST IT'S DOL FORM LM-2 IS ON DOL'S WEBSITE OR BY REQUEST TO THAT AGENCY FORM LM-2 IS AVAILABLE TO MEMBERS UPON REQUEST

FORM 990, PART XI, LINE 2C THE PROCESS FOR EXAMINATION OF THE ANNUAL AUDIT HAS NOT CHANGED FROM THE PRIOR YEAR FORM 990, PART VI, SECTION B, LINE 13 UNITE HERE INTERNATIONAL UNION IS A LABOR ORGANIZATION GOVERNED BY FEDERAL LAW THE LABOR MANAGEMENT REPORTING AND DISCLOSURE ACT OF 1959, 29 U S C SECS 402 ET SEQ ("LMRDA"), IMPOSES AN EXPLICIT FIDUCIARY DUTY ON UNIONS AND THEIR OFFICERS 29 U S C SEC 501 THIS DUTY INCLUDES "TO REFRAIN FROM DEALING WITH SUCH ORGANIZATION AS AN ADVERSE PARTY OR IN BEHALF OF AN ADVERSE PARTY IN ANY MATTER CONNECTED WITH HIS DUTIES AND FROM HOLDING OR ACQUIRING ANY PECUNIARY OR PERSONAL INTEREST WHICH CONFLICTS WITH THE INTERESTS OF SUCH ORGANIZATION, AND TO ACCOUNT TO THE ORGANIZATION FOR ANY PROFIT RECEIVED BY HIM IN WHATEVER CAPACITY IN CONNECTION WITH TRANSACTIONS CONDUCTED BY HIM OR UNDER HIS DIRECTION ON BEHALF OF THE ORGANIZATION" UNIONS ARE ALSO REQUIRED TO FILE DETAILED ANNUAL REPORTS THAT ARE AVAILABLE PUBLICLY 29 U S C SEC 431(B) INDIVIDUAL UNION OFFICERS AND EMPLOYEES ARE REQUIRED TO FILE ANNUAL REPORTS DISCLOSING RELATIONSHIPS THAT MIGHT LEAD TO CONFLICTS OF INTEREST 29 U S C SEC 432 THE UNION'S BYLAWS ARE FILED WITH THE DEPARTEMENT OF LABOR AND ARE ALSO AVAILABLE PUBLICLY 29 U S C SEC 431(A) THIS LAW ALSO PROVIDES WHISTLEBLOWER PROTECTION 29 U S C SEC 529 UNLIKE INTERNAL CORPORATE WHISTLEBLOWING POLICIES, THIS ONE GIVES THE WHISTLEBLOWER THE RIGHT TO SUE IN COURT TO REDRESS ANY RETALIATION FORM 990, PART VI, SECTION B, LINES 15A,B THE COMPENSATION OF OFFICERS AND EMPLOYEES OF THE UNION IS SET BY THE EXECUTIVE BOARD THE GENERAL EXECUTIVE BOARD IS ELECTED BY DELEGATES TO THE CONVENTION, WHO ARE IN TURN ELECTED BY SECRET BALLOT BY THE MEMBERS OF UNITE HERE THE SETTING OF COMPENSATION HAS NEVER BEEN DONE BY COMPARISON TO OTHER ORGANIZATIONS ALTHOUGH THERE IS REASONABLE LEVEL OF AWARENESS OF WHAT TOP OFFICERS OF THE OTHER UNIONS ARE PAID FORM 990, PART IV, LINE 26 THE LMRDA PROHIBITS ANY LOAN IN EXCESS OF \$2,000 FROM A LABOR ORGANIZATION TO ANY OF ITS OFFICERS OR EMPLOYEES 29 U S C SEC 503 THE UNITE HERE CONSTITUTION GOES FURTHER THAN THE LAW LOANS IN ANY AMOUNT ARE PROHIBITED EXCEPT FOR SHORT-TERM ADVANCES OF ACTUAL, DOCUMENTED EXPENSES WHERE NECESSARY ETHICAL PRACTICES CODE SEC 2(D) FORM 990, PART VII, SECTION A, COLUMN (E) THE REPORTABLE COMPENSATION IN COLUMN E IS ALL FROM AMALGAMATED BANK AND THE TIME DEVOTED IS ATTENDING THE BANK'S BOARD MEETINGS

**For Paperwork Reduction Act Notice, see the Instructions for Form 990**

Cat No 51056K

**Schedule O (Form 990) 2009**

SCHEDULE R (Form 990)  Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships  ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990. ▶ See separate instructions.	OMB No 1545-0047
		2009
Name of the organization UNITE HERE		Employer identification number 13-3819434

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
UNIVEST INTERNATIONAL LLC 275 SEVENTH AVENUE nEW YORK, NY 10001 04-3649032	INTERNATIONAL INVESTMENT HOLDING FUND	EI	8,000	163,766	UNITE HERE
275 SEVENTH AVENUE BUILDING LLC 275 SEVENTH AVENUE NEW YORK, NY 10001 20-8043841	BUILDING CORPORATION	DE	19,810,834	31,682,395	UNITE HERE
UNITE HERE STATE EDUCATION FUND 275 SEVENTH AVENUE NEW YORK, NY 10001 26-1434626	EDUCATION ACTIVITIES	NY	0	0	UNITE HERE

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
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See Additional Data Table

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
AMALGAMATED BANK 275 SEVENTH AVENUE NEW YORK, NY10001 13-4920330	BANK	NY	UNITE HERE	C	98,044,516	2,231,333,264	46 940 %

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

Yes

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

No

1o

No

1p

No

1q

No

1r

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	AMALGAMATED BANK	A	17,643
(2)	AMALGAMATED BANK	M	17,562
(3)			
(4)			
(5)			
(6)			

**Part VI**   **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No



Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
INTERNATIONAL LADIES GARMENT WORKERS UNION  275 SEVENTH AVENUE NEW YORK, NY10001 13-1502147	LABOR ORGANIZATION	NY	501(C)(5)		UNITE HERE
HERE EDUCATION AND SUPPORT FUND  275 SEVENTH AVENUE NEW YORK, NY10001 52-2351515	EDUCATION FUND	NY	501(C)(3)	7	UNITE HERE
HOSPITALITY INDUSTRY IMMIGRATION RIGHTS LABOR MGT COMMITTEE  275 SEVENTH AVENUE NEW YORK, NY10001 20-0145836	EDUCATION FUND	NY	501(C)(6)		UNITE HERE
UNITE HERE TIP CAMPAIGN COMMITTEE  275 SEVENTH AVENUE NEW YORK, NY10001 13-2726652	POLITICAL FUND	NY	527		UNITE HERE
SIDNEY HILMAN FOUNDATION INC  275 SEVENTH AVENUE NEW YORK, NY10001 13-5550943	EDUCATION FUND	NY	501(C)(3)	PF	UNITE HERE
DEATH BENEFIT FUND ILGWU  333 WESTCHESTER AVENUE WHITE PLAINS, NY10604 13-1502147	BENEFIT FUND	NY	501(C)(5)		UNITE HERE
AMALGAMATED RETIREMENT INSURANCE FUND  333 WESTCHESTER AVENUE WHITE PLAINS, NY10604 13-4920446	BENEFIT FUND	NY	501(C)(9)		UNITE HERE
UNITE HERE NATIONAL PLUS PLAN  333 WESTCHESTER AVENUE WHITE PLAINS, NY10604 13-3513611	401(K)	NY	401A		UNITE HERE
UNITE HERE WORKERS PENSION FUND  6 BLACKSTONE VALLEY PLACE LINCOLN, RI02865 11-6165291	401(K)	RI	401A		UNITE HERE
HOTEL EMPLOYEES RESTAURANT EMPLOYEES INTERNATIONAL UNION WELFARE FUND  711 N COMMONS DRIVE AURORA, IL60504 23-7385560	BENEFIT FUND	IL	501(C)(9)		UNITE HERE
LOCAL 9  ROOM 209 1125 SE MADISON STREET PORTLAND, OR97214 93-0670071	LABOR UNION	OR	501(C)(5)		UNITE HERE
UNITE HERE NATIONAL RETIREMENT FUND  333 WESTCHESTER AVENUE WHITE PLAINS, NY10604 13-6130178	BENEFIT FUND	NY	501(C)(9)		UNITE HERE
UNITE HERE NATIONAL HEALTH FUND  333 WESTCHESTER AVENUE WHITE PLAINS, NY10604 13-6130178	BENEFIT FUND	NY	501(C)(9)		UNITE HERE
UNITE HERE TIP STATE AND LOCAL FUND  275 SEVENTH AVENUE NEW YORK, NY10001 13-4140721	POLITICAL FUND	NY	527		UNITE HERE
UNITE HERE TIP STATE AND LOCAL CONNECTICUT  275 SEVENTH AVENUE NEW YORK, NY10001 65-1264689	POLITICAL FUND	NY	527		UNITE HERE
UNITE HERE TIP MISSOURI STATE AND LOCAL FUND  275 SEVENTH AVENUE NEW YORK, NY10001 20-5579748	POLITICAL FUND	NY	527		UNITE HERE
UNITE HERE TIP STATE AND LOCAL RHODE ISLAND  275 SEVENTH AVENUE NEW YORK, NY10001 20-5528687	POLITICAL FUND	NY	527		UNITE HERE
UNITE HERE INDEPENDENT  275 SEVENTH AVENUE NEW YORK, NY10001 26-1102497	POLITICAL FUND	NY	527		UNITE HERE
LOCAL 49  1796 TRIBUTE ROAD SUITE 200 SACRAMENTO, CA95815 94-2254628	LABOR UNION	CA	501(C)(5)		UNITE HERE
LOCAL 76  709 8TH AVENUE NEW YORK, NY10036 14-1567019	LABOR UNION	NY	501(C)(5)		UNITE HERE
LOCAL 227  1630 S COMMERCE STREET LAS VEGAS, NV89102 86-0813719	LABOR UNION	NV	501(C)(5)		UNITE HERE
LOCAL 355  SUITE 450 1525 NW 167TH STREET MIAMI, FL333169 59-1484859	LABOR UNION	FL	501(C)(5)		UNITE HERE
LOCAL 471  368 BROADWAY SARATOGA SPRINGS, NY12866 14-1437655	LABOR UNION	NY	501(C)(5)		UNITE HERE
LOCAL 610  PO BOX 13037 SAN JUAN, PR00908 66-0215656	LABOR UNION	PR	501(C)(5)		UNITE HERE
PENSION PLAN OF LOCAL 125  333 WESTCHESTER AVENUE WHITE PLAINS, NY10604 51-6051426	BENEFIT FUND	NY	501(C)(9)		UNITE HERE
HOTEL EMPLOYEES RESTAURANT EMPLOYEES INTERNATIONAL UNION PENSION FUND  711 N COMMONS DRIVE AURORA, IL60504 23-2862479	BENEFIT FUND	IL	501(C)(9)		UNITE HERE
LOCAL 166  210 BARONNE STREET SUITE 627 NEW ORLEANS, LA70112 72-0518959	LABOR UNION	LA	501(C)(5)		UNITE HERE
LOCAL 274  1122 SPRING GARDEN STREET PHILADELPHIA, PA19123 23-1950615	LABOR UNION	PA	501(C)(5)		UNITE HERE